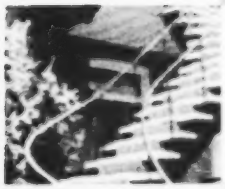
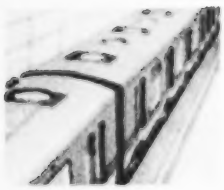
CONSULTATION PAPER

Building Local Health and Social Services Networks in Montreal



Agence de développement de réseaux locaux de services de santé et de services sociaux
Québec
Montréal



106-06191/

Building Local Health and Social Services Networks in Montreal – Consultation paper was produced by the Service des communications - Direction de l'information et de la planification of the *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal.*

Writer
Louis Côté
Directeur de l'information et de la planification

Contributors
Mike Benigeri
Michèle Bérubé
Loraine Desjardins
Raymond Fortin
Carole Lécuyer
Micheline Lefebvre
Pierre Masson
Guy Mathieu
Monique Vessier
André Trépanier
and all of the departments of the Agency

Editing
Évelyne Joyal
Hélène Perrault

with the assistance of:
Rita Allaire
Emmanuelle Carrier
Louis Morency

© Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal, 2004
3725, rue Saint-Denis, Montréal (Québec) H2X 3L9

Dépôt légal - Bibliothèque nationale du Québec, 2004
ISBN 2-89510-160-4

This document is available:

☐ from the Documentation Department of the Agency
Telephone : (514) 286-5604

☐ on the Web site of the Agency:
www.santemontreal.qc.ca

☐ Disponible en français sous le titre ***Vers des réseaux locaux de services de santé et de services sociaux à Montréal – Document de consultation***

A word from the President and Executive Director

The Agency* has been asked to propose a new organizational model for Montreal based on local health and social services networks by April 30. This is a tremendous challenge, certainly the greatest the system has had to face in the last 30 years.

We have an enormous amount of work ahead of us, but this is also an extraordinary opportunity to move the network forward and provide services that are closer to the population than ever before. The new organization will provide services that are more integrated and facilitate access to the complete range of services.

In the weeks to come, we will need to work together to identify the organizational model that is best suited to the specificities of Montreal. As always, our greatest strength will be our ability to put all of our knowledge and skills to work to improve the health and well-being of Montrealers.

I hope and trust that the consultation process will be a profitable and productive one.

David Levine

President and Executive Director
David Levine

* Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal

The Agency is proposing that 12 local health and social services networks be established in Montreal

In the coming months and years, a new way of organizing health services and social services will be gradually emerging in Montreal and throughout Quebec. The goal of these changes is to bring the services closer to the population and make it easier for people to make their way through the health and social services network. The key to achieving this goal is service integration, through the creation of local networks of health and social services. In Montreal, this means setting up twelve (12) local services networks. The local networks will be coordinated by new local entities we propose to call "health and social services centres" that will result from the merger of the CLSCs, the residential and long-term care centres and local hospitals operating in the proposed health and social services territories.

The Agency has until April 30 to submit the service organization plan that it feels is best suited to meeting the needs of Montrealers to the Minister of Health and Social Services, Philippe Couillard. The Agency wants to know what Montrealers think about this plan, and is therefore submitting the proposal to you for your comments on the proposed territories, networks and health and social services centres.

YOUR OPINION MATTERS

This consultation document outlines the activities that have been scheduled to enable Montrealers and the stakeholder organizations to express their views. All opinions, communications or briefs received before April 9, 2004 will be taken into consideration in the drafting of the recommendation of the Agency. Here are the various ways you can bring your opinions or comments to our attention:

- ☐ By mail: David Levine
  Public Consultation
  Agence de développement de réseaux locaux
  de services de santé et de services sociaux de Montréal
  3725, rue Saint-Denis, Montréal, (Québec) H2X 3L9
- ☐ By fax: (514) 286-5669
- ☐ By e-mail: **consultation_publique@ssss.gouv.qc.ca**
- ☐ RTSS: Use the following Notes address: **06 rr consultation publique@ssss**
- ☐ Internet site: www.santemontreal.qc.ca
- ☐ At the public meetings that will be held in various neighbourhoods in Montreal in March and April 2004.

CONSULTATION ACTIVITIES

Notice to Montrealers

:: PUBLIC MEETINGS

Public meetings will be held in various Montreal neighbourhoods to explain the proposed organization of services and give the citizens an opportunity to comment. Public notices will be published in the daily papers and the local weeklies to tell people how to get the consultation documents, where the meetings will take place and what the procedure will be. A report on the meetings will be posted on the Web site of the Agency.

Notice to institutions, coalitions of institutions and community organizations, medical associations, unions, socio-economic groups and associations and individual Montrealers

:: WRITTEN OPINIONS

Individuals and groups interested in submitting a written opinion without making a presentation at a public hearing are asked to send 15 copies of their opinion, before April 9, 2004. The written opinion must be accompanied by a two-page summary and also be available in electronic format to be filed (in the "Local networks" section) on the Agency's Web site.

- ☐ Mailing address for opinions: **Communications Department**
  Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal
  3725, rue Saint-Denis, Montréal (Québec) H2X 3L9
- ☐ E-mail address to file written opinions: **consultation_publique@ssss.gouv.qc.ca**
- ☐ RTSS: Use the following Notes address: **06 *rr* consultation publique@ssss**

:: PUBLIC HEARINGS

Individuals and groups interested in presenting their written opinion at a public hearing must send 15 copies of their document to the Agency before **March 20, 2004**. All written opinions must be accompanied by a two-page summary, and be made available in electronic format to be filed (in the "Local networks" section) on the Agency's Web site.

- ☐ Registration: Call the Agency before March 20 at (514) 286-6500, ext. 5612
- ☐ Dates and place: March **29, 30 and 31, 2004, from 9 a.m. to 5 p.m.**
  Crowne Plaza Metro Centre, 505 Sherbrooke St. East, Riopelle Room
- ☐ Length of presentations: 15 minutes (10 minutes for presentation and 5 minutes for discussion)

- ☐ Address: **Communications Department**
  Agence de développement de réseaux locaux
  de services de santé et de services sociaux de Montréal
  3725, rue Saint-Denis, Montréal (Québec) H2X 3L9
- ☐ By e-mail: **consultation_publique@ssss.gouv.qc.ca**
- ☐ RTSS: Use the following Notes address: **06 rr consultation publique@ssss**

Notice to representatives of the User Committees of the residential and long-term care centres, CLSCs, hospitals, rehabilitation centres and youth centres

:: USER COMMITTEES CONSULTATIVE FORUM

The representatives of the User Committees will be consulted on the proposal to create 12 local services networks. The impact of the proposal on the functioning of the User Committees will be discussed in workshops.

- ☐ Registration: The chairpersons of the User Committees will receive a letter describing the registration procedure in detail.
- ☐ Date and place: **March 25, 2004, from 1 p.m. to 4 p.m.**
  Holiday Inn Select, 99, Viger Avenue West, Ballroom

Notice to managers and professionals in the institutions, to doctors practicing in medical clinics and to community organizations, by invitation only

:: SECTOR FORUMS

Forum on Information Technology Resources

This consultation is intended to identify and validate the most effective ways of meeting the information technology resource needs that may arise in the implementation of the local health and social services networks.

- ☐ Date and place: **March 24, 2004, from 8:30 a.m. to 5:00 p.m.**
  Delta Centre-Ville, 777 University St., Regency A Room

Youth Forum

Involved parties will be invited to discuss their concerns and make recommendations on access to and the continuity of services for young people aged 0 to 17 and their families.

☐ Date and place: **April 5, 2004, from 8:30 a.m. to 12 p.m. (noon)**
Hyatt Regency, 1255 Jeanne-Mance St.
(Metro: Place-des-Arts)

Seniors Forum

The participants will discuss the nature and the implementation of the main components of the service integration model for the elderly persons who are no longer completely self-sufficient.

☐ Date and place: **April 5, 2004, from 9 a.m. to 4:30 p.m.**
Hyatt Regency, 1255 Jeanne-Mance St.
(Metro: Place-des-Arts)

Notice to Montreal community leaders

:: REGIONAL PARTNERS ROUND TABLE

Representatives of the main partners of the Agency, including the municipal authorities, school boards and community and socio-economic organizations, will be invited by the President and Executive Director to meet and discuss the opportunities and challenges presented by the plan to reorganize services into local networks.

☐ Date and place: **March 24, 2004, from 1:30 p.m. to 5:30 p.m.**
Agence de développement de réseaux locaux de services de santé
et de services sociaux de Montréal
3725, rue Saint-Denis, Montréal (Québec) H2X 3L9

The proposal of the Agency: 12 local health and social services networks in Montreal

The local services networks will be set up by the 12 health and social services centres resulting from the merger of the CLSCs, residential and long-term care centres and hospitals operating in the territories for which they will become responsible under the terms of their new mandate.

Combining the forces of CLSCs, residential and long-term care centres and local hospitals operating in the same territory will enable the newly created health and social services centre to provide a complete range of first-line services. These services will be made available under the following programs: public health, first-line general and medical services, services to elderly persons who are no longer completely self-sufficient, physical disabilities, intellectual handicaps and pervasive developmental disorders, young people with adjustment problems (0-17 years), addictions, mental health and physical health.

The integration of professional resources and technical support services within the new institution will favour the establishment of efficient referral and follow-up mechanisms with the doctors in the Family Medicine Groups (FMGs) and medical clinics and with the institutions that provide specialized and ultraspecialized care.

Thanks to the creation of these 12 health and social services centres on the Island of Montreal, we will be able to offer Montrealers services that are more accessible, better coordinated, more personalized and continuous. The new organization will enable us to more effectively and efficiently manage patient care, especially for the more vulnerable patient groups, and better equip us to act to improve the health and well-being of the population.

The new health and social services centres will organize and coordinate the implementation of local services networks by developing cooperative working relations with the specialized and ultraspecialized hospitals, rehabilitation centres, youth centres, pharmacies, community organizations, social economy businesses and private resources.

In addition to establishing the 12 health and social services centres, the Agency is proposing that each of the 12 territories have at least one associate medical centre (AMC) that will provide both walk-in and appointment-only medical services from 8 a.m. to 10 p.m., seven days a week, starting in Year One. The AMCs will provide the appropriate technical support services (lab, imaging) for the emergency tests required by the territory's general practitioners. They will also be responsible for the care for vulnerable patient groups and for liaising with the relevant programs of the health and social services centre.

The 12 first AMCs will be designated from among the roughly 36 current points of service (medical clinics, FMGs, CLSCs) that are capable of providing the required services. The associate medical centres will be bound by contract to the health and social services centre of their territory.

In the medium term, we foresee a ratio of one associate medical centre per 50,000 people, which works out to roughly 30 centres on the Island of Montreal. In addition to the associate medical centres, we will support the development of Family Medicine Groups, of which there are currently six in Montreal.

Finally, given the way needs are evolving, the project calls for each of the 12 health and social services centres to have the capability of setting up an intensive physical functional rehabilitation unit, either by integrating a rehabilitation hospital centre or a residential and long-term care centre that is already equipped with technical support centre and the requisite resources, or by having one of the integrated facilities evolve in that direction. Rehabilitation services for people with physical disabilities would remain concentrated in two rehabilitation hospital centres - the Montreal Rehabilitation Institute and another to be designated from among the current rehabilitation hospital centres.

Following a preconsultation with the institutions, the Agency is proposing the establishment of 12 local health and social services networks in Montreal.

In addition to the 10 proposed territories on the map opposite, the Agency is submitting two hypotheses for the merger in the Centre-Ouest area.

The most densely-populated territory would be in the Centre-Ouest, with over 200,000 residents, and the least densely-populated would be La Petite Patrie-Villeray, with 107,800 residents. The budgets for the new health and social services centres would range from $80 M to $241 M.

12 local health and social services networks

01 Health and Social Services Centre - Pierrefonds and Lac Saint-Louis

Entity
- Centre d'accueil Denis-Benjamin Viger (125)
- CLSC Lac Saint-Louis
- CLSC Pierrefonds
- Lakeshore General Hospital

Associates
- CHSLD Bayview (128)
- Vig Santé (CHSLD Dollard-des-Ormeaux) (160)
- Vig Santé (CHSLD Pierrefonds) (64)

- Population: 204,645
- CHSLD beds: 477
  19.4 beds / 1000 65 yrs and +)
- Local hospital: Lakeshore
- Budget: $113,016,184
- Human resources: 1713
- Potential AMDs: 2

02 Health and Social Services Centre - LaSalle and Lachine

Entity
- Centre d'accueil LaSalle (202)
- Centre hospitalier de LaSalle (115)
- CLSC du Vieux La Chine
- Les CHSLD Lachine, Nazaire-Piché et Foyer Dorval (429)
- Centre hospitalier de Lachine (143)

Associate
- CHSLD Bussey (Québec) (42)

- Population: 131,855
- CHSLD beds: 930
  40.4 beds / 1000 65 yrs and +)
- Local hospitals: LaSalle and Lachine
- Budget: $121,320,754
- Human resources: 2361
- Potential AMDs: 2

03 Health and Social Services Centre - Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles

Entity
- Centre d'accueil Louis-Riel (102)
- Centre d'accueil Rose-Morel (103)
- Centre hospitalier de Verdun (72)
- CHSLD Champlain – Manoir de Verdun (216)
- CLSC Saint-Henri
- CLSC Verdun / Côte Saint-Paul
- Résidence Yvon-Brunet (180)
- CHSLD Pavillon des Seigneurs (180)
- CHSLD Pavillon Saint-Henri (240)

Associate
- Clinique communautaire de Pointe Saint-Charles

- Population: 126,000
- CHSLD beds: 1131 + 106
  36.7 beds / 1000 65 yrs and +)
- Local hospital: Verdun
- Budget: $170,440,803
- Human resources: 3832
- Potential AMDs: 5

06 Health and Social Services Centre - Nord de l'Île and Saint-Laurent

Entity
- CHSLD-CLSC Nord de l'Île (341)
- CHSLD-CLSC Saint-Laurent (154)
- Manoir Cartierville (269)

Associates
- Les Cèdres - Centre d'accueil pour personnes âgées (25)
- Centre d'hébergement Saint-Vincent-Marie (66)

- Population: 124,600
- CHSLD beds: 900 + 171
  37.8 beds / 1000 65 yrs and +)
- Local hospital: No
- Service contract hospital: Sacré-Cœur
- Budget: $94,094,027
- Human resources: 2141
- Potential AMDs: 3

07 Health and Social Services Centre - Ahuntsic and Montréal-Nord

Entity
- Centre hospitalier Fleury
- CLSC Ahuntsic
- CLSC Montréal-Nord (128)
- Les Résidences Lauren'Bois Légaré, Louvain (540)

Associates
- CHSLD Giuseppina (55)
- CHSLD Marie-Clarac (78)
- Hôpital Marie-Clarac
- Résidence Angelica (347)
- Résidence Bethsaïme-du-Tremblay (240)

- Population: 161,415
- CHSLD beds: 1 462
  46.4 beds / 1000 65 yrs and +)
- Local hospital: Fleury
- Budget: $159,214,982
- Human resources: 2307
- Potential AMDs: 4

2 hypotheses for the Centre-Ouest territory

Hypothesis 1

4.1 Health and Social Services Centre - René-Cassin and NDG / Montréal-Ouest

Entity
- Maimonides Geriatric Hospital (187)
- Mount Sinai Hospital (57)
- Richardson Hospital Centre (115)
- CLSC Notre-Dame-de-Grâce, Montréal-Ouest
- CLSC René-Cassin
- Salvation Army Catherine Booth Hospital
- Grace Dart Extended Care Centre (357)

Associates
- Vig Santé (CHSLD Reine-Elizabeth (150)
- Gilman Residence (54)

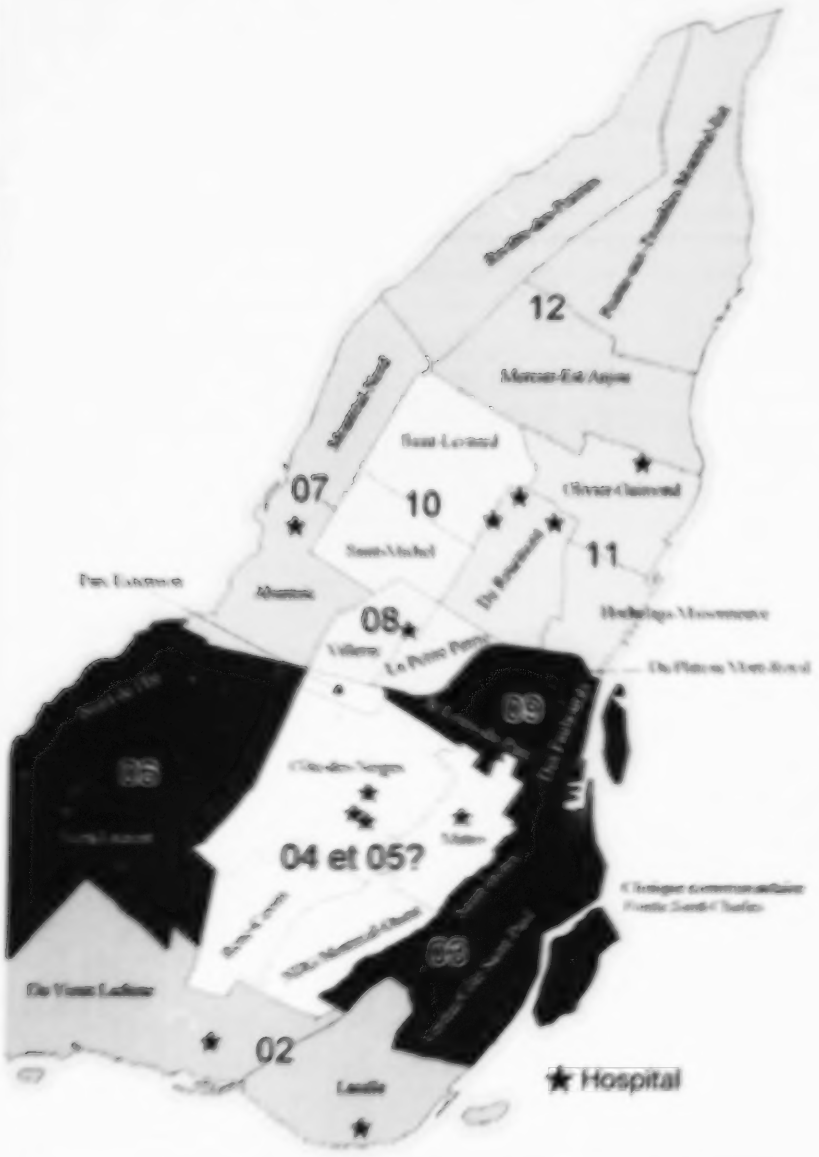
- Population: 117,600
- CHSLD beds: 1135
  48.2 beds / 1000
  65 yrs and +)
- Local hospital: No
  Service contract hospital: Jewish General
- Budget: $113,529,705
- Human resources: 2498
- Potential AMDs: 3

5.1 Health and Social Services Centre - Côte-des-Neiges, Métro and Parc Extension

Entity
- Centre d'accueil Father Dowd (134)
- Centre d'accueil St-Margaret (80)
- Centre d'accueil des Foyers presbytériens de St-Andrew (70)
- St. Mary's Hospital Centre
- CHSLD Juif de Montréal (320)
- CLSC Côte-des-Neiges
- CLSC Métro
- CLSC Parc Extension
- Institut universitaire de gériatrie de Montréal (379)
- Lindsay Rehabilitation Hospital

Associate
- Vig Santé (CHSLD Mont-Royal (270)

- Population: 219,000
- CHSLD beds: 1 272
  35.9 beds / 1000
  65 yrs and +)
- Local hospital: St. Mary's
- Budget: $243,000,705
- Human resources: 4 304
- Potential AMDs: 6



Hypothesis 2

4.2 Health and Social Services Centre - Métro and NDG / Montréal-Ouest

Entity

- Centre d'accueil des Foyers pour hommes de St-Andrew (70)
- Centre d'accueil St-Margaret (56)
- Centre d'accueil Father Dowd (134)
- Richardson Hospital Centre (175)
- CLSC Notre-Dame-de-Grâce/ Montreal-Ouest
- CLSC Métro
- Salvation Army Catherine Booth Hospital
- Grace Dart Extended Care Centre (252)

Associates

- Vig Santé (CHSLD Marie-Elizabeth) (150)
- Résidence Dénor (53)

- Population: 127,705
- CHSLD beds: 881 - 48.2 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: MUHC
- Budget: $85,399,439
- Human resources: 1290
- Potential AMCs: 7

5.2 Health and Social Services Centre - Côte-des-Neiges, René-Cassin and Parc Extension

Entity

- Maimonides Geriatric Hospital (297)
- St. Mary's Hospital Centre
- Mount Sinai Hospital (57)
- CHSLD Jules et Paul-Emile Léger (333)
- CLSC Côte-des-Neiges
- CLSC Parc Extension
- CLSC René-Cassin
- Institut universitaire de gériatrie de Montréal (579)
- Lindsay Rehabilitation Hospital

Associate

- Vig Santé (CHSLD Mont-Royal) (273)

- Population: 209,650
- CHSLD beds: 1,416 - 37.5 beds / 1000 (65 yrs and +)
- Local hospital: St. Mary's
- Budget: $241,307,007
- Human resources: 3262
- Potential AMCs: 2

08 Health and Social Services Centre - La Petite Patrie and Villeray

Entity

- CLSC Villeray
- CLSC-CHSLD La Petite Patrie (100)
- Hôpital Jean-Talon
- CHSLD Pavillon Ascot (160)

Associate

- Groupe Champlain (Centre d'hébergement Champlain-Villeray) (29)

- Population: 137,905
- CHSLD beds: 260 + 21 - 16.9 beds / 1000 (65 yrs and +)
- Local hospital: Jean-Talon
- Budget: $95,595,756 and +
- Human resources: 1406
- Potential AMCs: 5

09 Health and Social Services Centre - des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc

Entity

- Centre hospitalier Jacques-Viger (309)
- CHSLD Centre-Ville de Montréal (288)
- CHSLD Emile-Gamelin Armand-Lavergne (368)
- CLSC des Faubourgs
- CLSC du Plateau Mont-Royal
- CLSC Saint-Louis du Parc
- Montreal Chinese Hospital (128)
- Les CHSLD du Plateau Mont-Royal (353)

Associates

- Groupe Roy Santé (Centre d'hébergement Saint-Georges) (264)
- Hôpital de réadaptation Villa Medica

- Population: 136,475
- CHSLD beds: 1,678 + 250 - 102.1 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: CHUM
- Budget: $171,049,787
- Human resources: 3161
- Potential AMCs: 3

10 Health and Social Services Centre - Saint-Léonard and Saint-Michel

Entity

- CLSC Saint-Michel
- CLSC Saint-Léonard
- CHSLD Les Hauts (269)
- CHSLD Saint-Michel (162)
- Hôpital Santa Cabrini (103)

- Population: 123,165
- CHSLD beds: 448 + 105 - 21.9 beds / 1000 (65 yrs and +)
- Local hospital: Santa Cabrini
- Budget: $115,282,948 $
- Human resources: 2 460
- Potential AMC: 1

11 Health and Social Services Centre - Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont

Entity

- CHSLD Lucille-Teasdale (99)
- CLSC Hochelaga-Maisonneuve
- CLSC Olivier-Guimond
- CLSC-CHSLD de Rosemont (221)
- Foyer Rousselot (157)
- CHSLD Jeanne-Lajoie (350)
- Institut Canadien Pilonnes du Bien-Être (126)

Associates

- Ma Maison Saint-Joseph (63)
- CHSLD Providence Notre-Dame de Lourdes (162)

- Population: 170,830
- CHSLD beds: 1 239 + 304 - 39.5 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: Hôpital Maisonneuve-Rosemont
- Budget: $127,247,916
- Human resources: 2663
- Potential AMCs: 4

12 Health and Social Services Centre - Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est

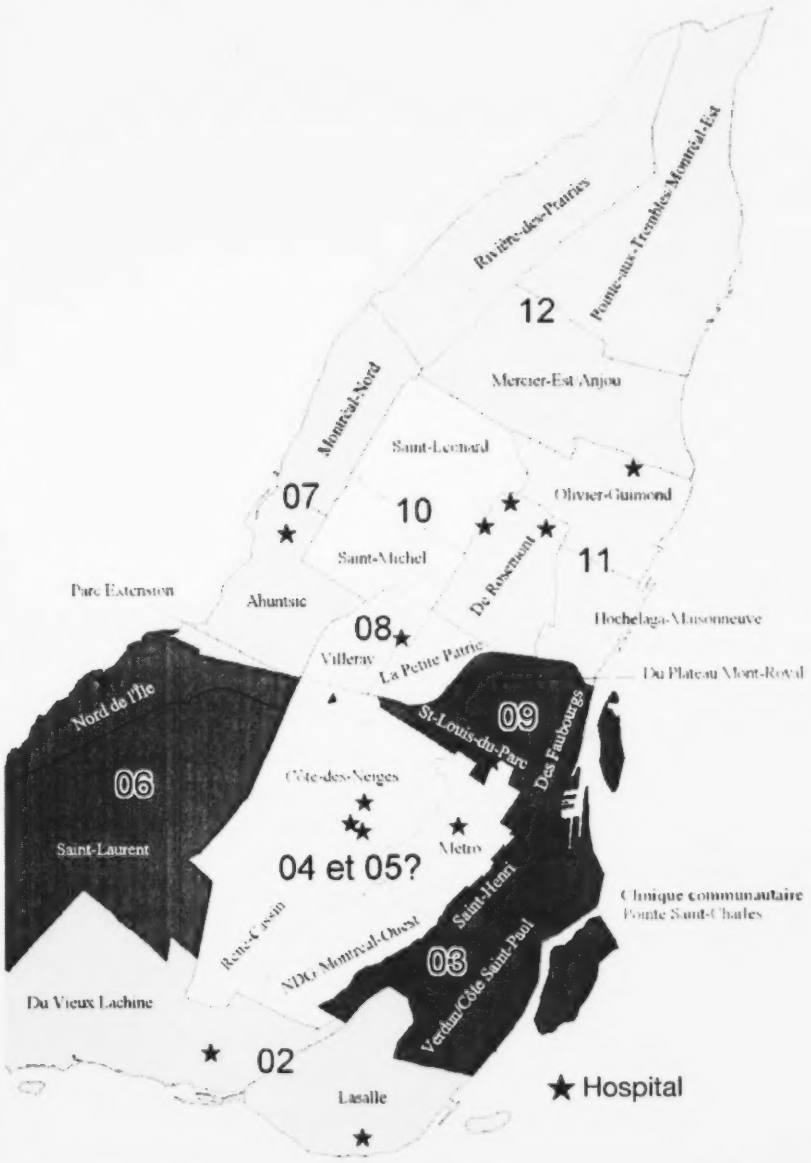
Entity

- CHSLD Bernard Hubert (471)
- CLSC Mercier-Est/Anjou
- CLSC Rivière-des-Prairies
- CLSC-CHSLD PAT/Montréal-Est (77)
- Centre d'accueil Judith Jasmin HMR (75)

Associates

- Centre Le Cardinal (203)
- CHSLD Rivargent (112)
- Groupe Champlain (Centre d'hébergement Champlain-Marie-Victorin) (265)
- Groupe Roy Santé (Centre d'hébergement Le Repos) (80)

- Population: 185,330
- CHSLD beds: 1288 + 30 - 47.4 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: Hôpital Maisonneuve-Rosemont
- Budget: $96,030,851
- Human resources: 1213
- Potential AMCs: 4



08 Health and Social Services Centre - La Petite Patrie and Villeray

Entity

- CLSC Villeray
- CLSC-CHSLD La Petite Patrie (100)
- Hôpital Jean-Talon
- CHSLD Pavillon Auclair (160)

Associate

- Groupe Champlain (Centre d'hébergement Champlain-Villeray) (28)

- Population: 107,865
- CHSLD beds: 263 + 25
  16,9 beds / 1000 (65 yrs and +)
- Local hospital: Jean-Talon
- Budget: $80,535,755 and +
- Human resources: 14,96
- Potential AMCs: 5

09 Health and Social Services Centre - des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc

Entity

- Centre hospitalier Jacques-Viger (359)
- CHSLD Centre-Ville de Montréal (296)
- CHSLD Émile-Gamelin Armand-Lavergne (368)
- CLSC des Faubourgs
- CLSC du Plateau Mont-Royal
- CLSC Saint-Louis du Parc
- Montreal Chinese Hospital (128)
- Les CHSLD du Plateau Mont-Royal (363)

Associates

- Groupe Roy Santé (Centre d'hébergement Saint-Georges) (264)
- Hôpital de réadaptation Villa Medica

- Population: 136,475
- CHSLD beds: 1 628 + 250
  102,1 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: CHUM
- Budget: $171,049,797
- Human resources: 3161
- Potential AMCs: 3

10 Health and Social Services Centre - Saint-Léonard and Saint-Michel

Entity

- CLSC Saint-Michel
- CLSC Saint-Leonard
- CHSLD Les Havres (288)
- CHSLD Saint-Michel (160)
- Hôpital Santa Cabrini (103

- Population: 123,165
- CHSLD beds: 448 + 103
  21,8 beds / 1000 (65 yrs and +)
- Local hospital: Santa Cabrini
- Budget: 115 082 948 $
- Human resources: 2 493
- Potential AMC: 1

11 Health and Social Services Centre - Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont

Entity

- CHSLD Lucille-Teasdale (447)
- CLSC Hochelaga-Maisonneuve
- CLSC Olivier-Guimond
- CLSC-CHSLD de Rosemont (221)
- Foyer Rousselot (157)
- CHSLD Jeanne-Lesèr (350)
- Institut Canadien-Polonais du Bien-Être (126)

Associates

- Ma Maison Saint-Joseph (40)
- CHSLD Providence Notre-Dame de Lourdes (162)

- Population: 170,830
- CHSLD beds: 1 239 + 304
  39,5 beds / 1000
  (65 yrs and +)
- Local hospital: No
- Service contract hospital: Hôpital Maisonneuve-Rosemont
- Budget: $127 242 916
- Human resources: 2663
- Potential AMCs: 4

Hypothesis 2

4.2 Health and Social Services Centre - Métro and NDG / Montréal-Ouest

Entity

- Centre d'accueil des Foyers presbytériens de St-Andrew (70)
- Centre d'accueil St-Margaret (80)
- Centre d'accueil Father Dowd (134)
- Richardson Hospital Centre (120)
- CLSC Notre-Dame-de-Grâce/ Montréal-Ouest
- CLSC Métro
- Salvation Army Catherine Booth Hospital
- Grace Dart Extended Care Centre (357)

Associates

- Vigi Santé (CHSLD Reine-Elizabeth) (150)
- Résidence Gihran (59)

- Population: 127,205
- CHSLD beds: 931
  48,2 beds
  1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: MUHC
- Budget: $65,359,406
- Human resources: 1790
- Potential AMCs: 7

5.2 Health and Social Services Centre - Côte-des-Neiges, René-Cassin and Parc Extension

Entity

- Maimonides Geriatric Hospital (257)
- St. Mary's Hospital Centre
- Mount Sinai Hospital (57)
- CHSLD Jules et Paul de Montréal (330)
- CLSC Côte-des-Neiges
- CLSC Parc Extension
- CLSC René-Cassin
- Institut universitaire de gériatrie de Montréal (379)
- Lindsay Rehabilitation Hospital

Associate

- Vigi Santé (CHSLD Mont-Royal) (273)

- Population: 209,450
- CHSLD beds: 1 416
  37,6 beds /
  1000 (65 yrs and +)
- Local hospital:
  St. Mary's
- Budget: $341,307,067
- Human resources: 3392
- Potential AMCs: 2

12 Health and Social Services Centre - Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est

Entity

- CHSLD Rivière-des-Prairies (472)
- CLSC Mercier-Est Anjou
- CLSC Rivière-des-Prairies
- CLSC-CHSLD Pointe-aux-Trembles/Montréal-Est (277)
- Centre d'accueil Jardin Jeunes (HMR) (75)

Associates

- Centre Le Cardinal (203)
- CHSLD Bourget (312)
- Groupe Champlain (Centre d'hébergement Champlain-Marie-Victorin) (254)
- Groupe Roy Santé (Centre d'hébergement La Rosée) (90)

- Population: 165,330
- CHSLD beds: 1288 + 35
  37,4 beds / 1000 (65 yrs and +)
- Local hospital: No
- Service contract hospital: Hôpital Maisonneuve-Rosemont
- Budget: $[illegible]
- Human resources: 1213
- Potential AMCs: 4

Inclusion of hospitals in the health and social services centres

The future health and social services centres will need to include a hospital in order to achieve their full potential. The inclusion of a hospital will make it easier for each health and social services centre to become the hub around which the territory's general practitioners will revolve. The presence of basic technical support services (lab, imaging, radiology) and basic medical specialties will enable the health and social services centre to work directly with the associate medical centres, clinics and offices, thereby responding more effectively to two major expectations among general practitioners:

- ☐ timely access to the technical diagnostic services for urgent cases;
- ☐ access to consultations with medical specialists.

However, the law allows for the possibility that a local entity not include a hospital centre if none exist within the territory or if integration would be too complex for such reasons as the size of territory served by the hospital centre, the size of its facilities or the socio-cultural, ethno-cultural or linguistic characteristics of its clientele. The situation of each hospital will need to be evaluated according to merit on a case by case basis using national guidelines.

In those cases where a health and social services centre does not include a hospital, access to the resources required to fully carry out its mission will be provided by a designated hospital with which it will have a service contract.

Seven of the twelve proposed health and social services centres would include a local hospital as one of their components:

Pierrefonds, Lac Saint-Louis	Lakeshore General Hospital
LaSalle, Lachine	Centres hospitaliers de LaSalle et de Lachine
Verdun - Côte Saint-Paul, Saint-Henri, Pointe Saint-Charles	Centre hospitalier de Verdun
Ahuntsic, Montréal-Nord	Hôpital Fleury
La Petite Patrie, Villeray	Hôpital Jean-Talon
Saint-Michel, Saint-Léonard	Hôpital Santa Cabrini
Côte-des-Neiges, Parc Extension with CLSC René-Cassin or Métro	St. Mary's Hospital Centre

The five other health and social services centres would have a service contract with a specialized or ultraspecialized hospital

Nord de l'Île, Saint-Laurent	Hôpital du Sacré-Cœur de Montréal
Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc	Centre hospitalier de l'Université de Montréal (CHUM)
Hochelaga-Maisonneuve, Olivier-Guimond, Rosemont	Hôpital Maisonneuve-Rosemont
Rivière-des-Prairies, Mercier-Est/Anjou, Pointe-aux-Trembles/Montréal-Est	Hôpital Maisonneuve-Rosemont
Métro, Notre-Dame de Grâce/Montréal-Ouest	McGill University Health Centre (MUHC) (hypothesis 2)
Métro, Notre-Dame de Grâce/Montréal-Ouest	Jewish General Hospital (hypothesis 1)

The coalition of CLSCs and residential and long-term care centres is proposing the same twelve territories for the organization of local services networks, with each network being made up of different partners, including the local entity resulting from the merger of the territory's CLSCs and residential and long-term care centres, private clinics, hospital centres, community organizations and private residences within the territory served by the network.

However, they recommend that hospitals not be integrated into any of the health and social services centres, concluding that in Montreal, given overlapping of service areas and Montrealers' habits, it would be too complex, regardless of the territory.

They propose instead that agreements be signed by the twelve health and social services centres with all of the hospitals to ensure the continuity of care, and more specific agreements be signed with the major hospital centres that provide the majority of services to the population of each of the territories.

The public consultation that is begining should afford the Agency the benefit of other points of view and thereby ensure that the proposed service organization model for Montreal is the best proposal possible.

The model proposed by the Agency ensures that:

- ☐ individuals will continue to be free to chose their doctor;
- ☐ the health and social services centres can maintain the university affiliations and designations of the institutions they include;
- ☐ the health and social services centres will be able to take on regional and supraregional mandates in addition to their local mission;
- ☐ access to services in English will continue to be guaranteed and any designations for that purpose under the Charter of the French Language will be maintained;

- ☐ in accordance with the national guidelines, the regional funding of community organizations and the orientations outlined in the 2003-2006 "*Action for Health*" strategic plan will be maintained;
- ☐ intersector cooperation with the City of Montreal and the school boards will be improved, thanks in particular to joint efforts in the priority areas for planned cooperation agreed upon within the framework of the City Contract.

The implementation strategy

The success of the project will depend to a large extent on the implementation strategy adopted by the Agency and how well it is executed.

This strategy must aim first and foremost at getting board members and executive directors, doctors, management staff, professionals and employees to agree to and act upon the proposed service objectives of:

- ☐ improved health and well-being outcomes;
- ☐ care that is more satisfactory because it is continuous and comprehensive;
- ☐ services that can be accessed in the right place at the right time, which will help cut the number of unnecessary hospitalizations and emergency stays and improve the follow-up of young people reported to the *Direction de la protection de la jeunesse* but whose files are closed following investigation.

The people who provide health care and social services must have the financial, material, technical and informational resources they need to achieve these objectives.

The implementation strategy will therefore have to identify any additional resources that will be required to support the project, particularly as regards:

- ☐ the establishment and operation of at least 12 associate medical centres;
- ☐ the development of teams of case managers and liaison staff in the 12 health and social services centres (1 case manager per 15,000 people = 120 case managers);
- ☐ the computerization of the local services networks.

Above and beyond the question of the resources made available to the institutions and doctors, the implementation strategy will have to specify how:

- ☐ the resource allocation and management agreements will be developed;

- ☐ outcomes (access, quality, costs, impacts on the health and well-being) will be evaluated;
- ☐ information will be provided to Montrealers.

In its recommendation to the Minister, the Agency will also have to specify:

- ☐ the main required service corridors and the players involved;
- ☐ the already formalized and planned commitments between the institutions, and the underlying issues;
- ☐ the planned forms of participation and cooperation with general practitioners;
- ☐ the links with the integrated university networks in the regions;
- ☐ the possible impacts of the proposed model on the services programs and the support programs.

Lastly, consideration will have to be given during the consultation period to the forms of governance and management that would most adequately support the proposed organization.

Key questions for consultation

Q. Are the boundaries of the various proposed health and social service territories appropriate?

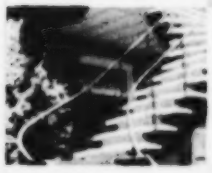
Q. What improvements might be made to the proposed territory boundaries?

Q. What is the best solution for people living in the Centre-Ouest?

Q. If hospitals other than those identified in the proposal were to be excluded from the planned health and social services centres, for what reasons should they be excluded on the basis of the law and national guidelines?

Q. What role should the community organizations play in building the local networks?

Q. In addition to the members from the boards of directors of each of the merged institutions, who else should sit on the first boards of directors of the new health and social services centres?



Q. What are the essential conditions for successful implementation of the plan with respect to funding, human resources and information technology resources?

Q. What conditions will have to be created in order to deliver the benefits expected by the population (improved health and well-being outcomes, continuous and comprehensive care, access in the right place at the right time)?